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PUBH 580.80: Rural Issues in Global Context

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Rural Health Issues in Global Context

PUBH 580 (3 credits; 2013)

Peter Koehn, Ph.D.

Course Description

The course is organized around recurring themes and emerging issues (“challenges”) in public health, with a focus on rural concerns and transnational influences. Within an overall framework of developing transnational competence, the intensive seminar format provides a forum for inquiry regarding the intersection of rural and global public-health issues. We will explore the individual, environmental, and structural context of public-health policy, interventions, and outcomes and address questions of human rights and ethics, health equity, and social justice in comparative perspective. The concerns of vulnerable populations, and possibilities for action, will figure prominently in the seminar.

University of Montana Mission Statement

The mission of the University of Montana’s Masters of Public Health program is to prepare professionals to improve the health of the people of Montana and other rural areas around the world by providing interdisciplinary education that fosters critical thinking, research-based practice, and community collaboration. The program aims to graduate practitioners who are competent to address the unique challenges resulting from the intersection of rural and global health issues through approaches that examine the interaction of biological, environmental, historical, political, socio-cultural, economic, and behavioral factors and their relationship to public-health policy, management, and intervention.

PUBH 580 Learning Objectives (Professional Competencies)¹

Program Public Health Competency 10: *Uses Global Insight in Responding to Local Public Health Issues*

- Demonstrate ability to discern complex interconnections among local and transnational forces that facilitate and constrain global health
- Ability to connect contemporary rural-health challenges to transnational socio-cultural, political, economic, environmental, biological, and behavioral determinants
- Ability to analyze the impact of transnational interdependencies on rural public health problems and systems
- Ability to explain how transnational connections are important in the design of interventions within rural public-health delivery systems
- Ability to analyze contributions of social, behavioral, environmental, and biological factors to transnational community health outcomes
- Demonstrate appreciation for the tradeoffs between individual freedom and public welfare, and between voluntary compliance and mandates, involved in addressing transnational challenges to global health
- Ability to relate sentinel public health events to practice of public health transnationally

¹ To access the Self-Study Committee’s 10 core competencies and their learning objectives, go to:
<http://publichealth.umt.edu/sites/publichealth.health.umt.edu/files/documents/CompetenciesStudentVersion.pdf>

Program Public Health Competency 9: *Respond to Public Health Issues in Rural Settings*

- Understanding rural characteristics and implications for public health
- Ability to identify and distinguish structural, environmental, community, biological, and individual factors affecting rural health by utilizing, in part, epidemiological data
- Ability to analyze the effects on rural public-health systems of politics and social/economic policies at the local, state/provincial, national, and international levels
- Ability to analyze the impact of global trends and interdependencies on rural-health systems, challenges, and opportunities
- Ability to describe the role and functions of indigenous and transnational nongovernmental organizations in rural health care
- Understanding challenges to health care delivery in rural developing areas and contributing factors

Program Public Health Competency 4: *Practice Public Health with People from Diverse Populations*

- Demonstrate ability to apply the transnational-competence (TC) framework in addressing specific rural and global health challenges
- Increased empathy regarding the health concerns and needs of vulnerable rural populations, especially women, children, and displaced persons
- Ability to cite several transnational situations where cultural and social sensitivity resulted in improved health interventions
- Ability to identify and assess the utility of traditional and nontraditional sources of health information and approaches
- Ability to formulate and adapt participatory approaches to rural public-health challenges that take into account cultural, socio-economic, and ecological diversity
- Ability to explore and critically assess approaches aimed at reducing health disparities now and for generations to follow
- Ability to use TC skills when engaged with and empowering diverse and disadvantaged rural communities

Program Public Health Competency 8: *Exercise Public Health Leadership and Systems Thinking*

- Increased appreciation for the contributions of various disciplines to health
- Ability to identify factors affecting the application of IT for public-health purposes in diverse national contexts
- Ability to collaborate with classmates in prioritizing objectives and resource needs for public health program transnationally
- Demonstrate team building, empathy, and negotiation on class projects (groups)
- Ability to articulate a feasible and creative plan of action
- Ability to formulate effective an strategy for transnational collaboration and partnerships
- Demonstrated capacity for needs assessment, policy formulation, and evaluation through final project
- Final project identifies and takes into consideration critical stakeholders from another country context
- Strong oral and written skills demonstrated in required projects and presentations
- Demonstrate ability to analyze critically considerations of human rights, equity, and social justice in relationship to rural and global health challenges, including:
 - o demonstrate awareness of factors that contribute to wide disparities in health among certain populations

- ability to analyze contribution of history, power, privilege, inequality trans-nationally
- ability to differentiate among availability, acceptability, and accessibility of health care across diverse populations in various country contexts
- identify the role of various health professionals in reducing/eliminating disparities
- identify local and transnational resources that can be mobilized for diminishing health disparities
- ability to apply human-rights and social-justice principles in health advocacy plans
- formulate strategies for mobilizing community participation in health- and sustainable-development-related activities and for forging effective alliances and partnerships

Course Format

We will hold seminar meetings **19-24 May** on The University of Montana, Missoula, campus. In an intensive course of this nature, it is crucial to complete all expected advance preparations before the first class is held. In the case of PUBH 580, advance preparation includes **assigned background readings** available from the Mansfield Library's e-reserve system, selection and preliminary preparation of an issue focus, and identification of your possible rural spatial context and country focus. Much of the reading for this course is deliberately front-loaded and you are encouraged to complete the separately assigned **readings for each class date** in advance as well. During the week of class meetings, you should expect to devote full time to the seminar and course assignments (especially preparation of the final paper). Seminar preparation and participation is an important component of this course and of student assessment ; you should be prepared to attend and contribute in meaningful ways to every class meeting. It is advantageous to build your final paper based on daily increments rather than attempt to complete the entire project during the last day or two.

Student Assessment

20% Individual oral presentation on selected rural issue in transnational perspective (**21 May**)
 10% Team oral presentation on "global humanitarians" (**23 May**)
 10% Oral presentation on final project (**24 May**)
 40% Final project written paper (**28 May**)
 20% Overall seminar participation, including role play

Course Materials

Required text: Peter H. Koehn and James N. Rosenau, *Transnational Competence: Empowering Professional Curricula for Horizon-rising Challenges [TC]* (Paradigm Publishers, 2010).

Recommended: Nigel Crisp, *Turning the World Upside Down: The Search for Global Health in the 21st Century* (2010)

Unless otherwise indicated, all additional assigned readings are on e-reserve at the Mansfield Library. Password = pubh580. The instructor will make available additional materials related to global health issues on a loan basis during the course period. These materials must be returned at the end of the course.

Course Outline

21 February – 18 May *Advance Preparation: Frameworks, Connections, Comparisons, & Considerations*

Koehn & Rosenau, **TC**: introduction, chapters 1-4, 10, 12 and end notes to these chapters
Peter H. Koehn, “Global Health and Human Rights: Challenges for Public Health Administrators in an Era of Interdependence and Mobility” (2007)
Labonte, Mohindra, Schrecker, “Growing Impact of Globalization for Health & Public Health Practice” (2011)
Ilona Kickbusch and Kent Buse, “Global Influences and Global Responses: International Health at the Turn of the Twenty-First Century” (2001)
Ilona Kickbusch, “Moving Global Health Governance Forward” (2009)
Derek Yach and Robert Beaglehole, “Globalization of Risks for Chronic Diseases Demands Global Solutions” (2004)
Paul Farmer, *Pathologies of Power: Health, Human Rights, and the New War on the Poor* (2003), Chapter 1 (pp. 29-50)
James Dwyer, “What’s Wrong with the Global Migration of Health Care Professionals?” (2007)
Connell, “The Geography of Need” (2010)
Collins Airhihenbuwa, “Framing an African-Centred Discourse on Global Health” (2006)
Matthew Bishop and Michael Green, “Billanthropy: Good or Bad?” (2009)
Markel and Stoney, “Lessons Learned from the Greater Toronto Outbreak” (2012)
Friel, et al., “Climate Change, Noncommunicable Diseases, and Development” (2011)

19 May *Introduction and Overview*

“The separation between domestic and international health problems is no longer useful.”

- GH Brundtland, Director-General, WHO (2001)

Treasure hunt

Seminar participants

Seminar logistics

Transnational connections

Selected rural-health issues

Rural site and country foci

Review of final paper/project assignment

The TC framework

Comparative analysis

6:00-7:30 Pot-luck dinner at my home (340 West Central Avenue)

20 May *Analytic Competence*

The search for root causes includes *“the challenge of how to transform a hegemonic gaze while under its influence.”* - Collins Airhihenbuwa

Assignment

Jennie Popay and Gareth Williams, “Public Health Research and Lay Knowledge” (1996)

Robert Chambers, “Participatory Rural Appraisal: Analysis of Experience” (1994)

K. Bhattacharyya and J. Murray, “Community Assessment and Planning for MCH Programs: Ethiopia” (2000)

Bobby Milstein, “Reorienting Public Health Work” in *Hygeia’s Constellation* (2008), pp. 42-44

Howard Markel, “Don’t Censor Influenza Research” (2012)

AM

Global Health Concepts

Relevant Characteristics of Rural Areas around the World

Structural Determinants

Community Needs Assessment

Ethnography

***Rx for Survival: A Global Health Challenge* DVD01324: "Delivering the Goods: Riders for Health; Thailand's AIDS Warrior; Bangladesh Transformed"**

PM

Biosecurity and Influenza Research

***Hot Zones* DVD 03128 (2003) 57 minutes**

***Rx for Survival: A Global Health Challenge*: "Deadly Messengers: Tragedy of Malaria"**

***Unnatural Causes* DVD 03064 (2008): "Place Matters" (29 minutes)**

***Rx for Survival: A Global Health Challenge*: "Back to Basics: Obesity Paradox; Nepal is a Model"**

Individual and team consultations regarding project ideas

21 May *Analytic Competence* (continued)

AM

Student issue demonstrations TBA

PM

Student issue demonstrations TBA

Tom Schwan, Rocky Mountain Labs, "Epidemiology of Tick-borne Relapsing Fever in Rural Montana and Mali, West Africa" (3-4 pm)

22 May (AM) *Emotional Competence*

"This disease [typhoid fever] not seldom attacks the rich, but it thrives among the poor. But by reason of our common humanity we are all, whether rich or poor, more nearly related here than we are apt to think. The members of the great human family are, in fact, bound together by a thousand secret ties, of whose existence the world in general little dreams. And he that was never yet connected with his poorer neighbor, by deeds of charity or love, may one day find, when it is too late, that he is connected with him by a bond which may bring them both, at once, to a common grave." - Dr. William Budd

"True compassion is more than flinging a coin to a beggar; it is not haphazard and superficial. It comes to see that an edifice which produces beggars needs restructuring." - Martin Luther King ("Beyond Vietnam," 1967)

Assignment

Charlie Davison, et al., "The Limits of Lifestyle: Re-assessing 'Fatalism' in the Popular Culture of Illness Prevention" (1992)

Ellen Lothe & Kristin Heggen, "A Study of Resilience in Young Ethiopian Famine Survivors" (2003)

Jane S. Smith, "The Personal Predicament of Public Health" (2003)

Zuger, "Isolation, an Ancient & Lonely Practice, Endures" (2010)

Dugger, "A Window of Dignity for Those Imprisoned by TB" (2009)

John Schwartz, "Tangle of Conflicting Accounts in TB Patient's 12-Day Odyssey" (2007)

Cornelia Dean, "Who Gets a Ventilator in an Epidemic?" (2008)

WHO & H. Kelly, "Is the International Community Adequately Prepared to Address Global Health Pandemics?" (2012)

Human Rights and Rural Health-care Provision

Empathy across Divides

The Optimism/Fatalism Paradox

***Rx for Survival: A Global Health Challenge* DVD: “How Safe Are We?”**

Ethical dilemmas: The Next SARS Outbreak

22 May (AM) *Creative Competence*

“Skillful transnational health practitioners ... are constantly searching transborder trajectories for plausible futures that could unfold, ever vigilant for unanticipated and serendipitous possibilities. They forge synergetic and congruent linkages between what the care recipient believes and what the professional believes.” – Koehn and Rosenau (2010)

Assignment

Itai Madamombe, “Traditional Healers Boost Primary Health Care” (2006)

Megan Lindow, “Academic Medicine Meets Traditional African Healing” (2008)

Thomas Fuller, “Volunteers Forge Better Care in Thailand’s Villages” (2011)

Peter Koehn & Marja Tiilikainen, “Migration and Transnational Health Care: Connecting Finland and Somalia” (2007)

Birth of a Surgeon: Midwives in Mozambique. Video documentary first aired on PBS Wide Angle series July 15, 2008. <http://www.pbs.org/wnet/wideangle/episodes/birth-of-a-surgeon/video-full-episode/1795>

Diversity’s Inspiration & Synergy

Intersections: Transdisciplinary Sources

Intersections: Alternative & Complementary Approaches

Institutional and Policy Barriers

Re-designing the Silence of Rural Transnational Self-care

22 May (PM) *Communicative Competence*

“Conversations across boundaries can be delightful or just vexing; what they mainly are, though, is inevitable.” Kwame Appiah, *Cosmopolitanism* (2006)

Assignment

Marian Mc Donald, et al., “Using the Arts & Literature in Health Education” (2003)

Phyllis Ngai and Peter Koehn, “Organizational Communication and Globally Displaced Perimeter Populations: A Neglected Challenge for Intercultural Communication Training” (2012)

Angela Zamaere, “Human-centered Approach to Development: Use of Video as a Tool for Participatory Rural Appraisal in Malawi”

Mary Kimani, “Better Health at the Click of a Button” (2008)

M. Freudenheim, “In Haiti, Practicing Medicine from Afar” (2010)

Reaching Rural Populations with Health Messages: mediators, media, folk media, e-health

Health Communication in Refugee Camps & Other Humanitarian Crises

Reaching the Center from the Periphery

***Communicating Effectively through an Interpreter* DVD (28 minutes)**

Shakib Rajaeian, “Challenges of Transnational Health Interpretation in Afghanistan”

Dr. Nancy Fitch, “HIV in Africa” (3-4 pm)

23 May (AM) *Functional Competence*

The objective is to “*think locally and globally and to **act** in response to both levels of analysis.*”

- Paul Farmer

Assignment

WHO, “Progress on Health-related MDGs” (May 2009)

Watts, “An Extra Dollar Can Go a Long Way” (2004)

F. Baum, “Health, Equity, Justice, and Globalisation: Some Lessons from the People’s Health Assembly” (2001)

Karen Siegel and KMV Narayan, “The Unite for Diabetes Campaign: Overcoming Constraints to Find a Global Policy Solution” (2008)

Merle Sande and Allan Ronald, “Academic Alliance for AIDS Care & Prevention in Africa” (2008)

Klapper & Riley, “Haiti Lessons: A Corps for Doctors” (2010)

McNeil, “Ally for the Poor in Unlikely Corner” (2010)

Millennium Development Goals and Development Assistance

Potent Constraints on Delivery of Rural Health Care (“30% Cut” Role Play)

Transformative Glocal Collective Action Agenda

Community Competence

Individual Advocacy: Mobilizing Resources & Capacity Building (transnational networks, coalitions, & partnerships)

Individual Advocacy: Changing Structures and Practice (transterritorial navigating & negotiating)

Building Trust and Leveraging Diversity

23 May (PM) *TC Education and Practice*

Assignment

Institute of Medicine, Committee on Educating Public Health Professionals for the 21st Century, *Who Will Keep the Public Healthy?* (2003), pp. 78-84.

Koehn and Rosenau, chapter 11; review chapters 10, 12

Redwood-Campbell, et al., “Developing a Curriculum Framework for Global Health in Family Medicine” (2011)

Lemey, et al., “Wilderness Medicine Within Global Health” (2012)

Levy and Sidel, “MSF/MDM,” pp. 309-310

Scott, “Treating the World’s Sorrow & Pain” (2010)

Davies, “Armed Conflict and Health,” pp. 114-116 (2010)

***Living in Emergency* DVD 04957 (90 minutes)**

Global Humanitarians team exercise

Individual project consultations

24 May *TC Demonstrations*

Final paper presentations

28 May **Final deadline for paper submissions**

All students must practice academic honesty. Academic misconduct is subject to an academic penalty by the course instructor and/or a disciplinary sanction by the University. All students need to be familiar with the Student Conduct Code (available for review at <http://www.umt.edu/SA/VP/SA/index.cfm/page/1321>).

Plagiarism is the representing of another's work as one's own. It is a particularly intolerable offense in the academic community and is strictly forbidden. Students who plagiarize may fail the course and be remanded to Academic Court for possible suspension or expulsion (see UM Student Conduct Code). One must always be careful to acknowledge any kind of borrowing that is included in one's work. This means not only borrowed wording, but ideas. Acknowledgement of whatever is not one's own original work is the proper and honest use of sources. Failure to acknowledge whatever is not one's own original work is plagiarism (source: <http://www2.umt.edu/catalog/acpolprp.htm>).

This syllabus is presented as a general guide to the course that is subject to amendment or deviation.

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